



CITY OF GLOBE SPECIAL EVENT PERMIT APPLICATION

Application must be received at least 30 days prior to event

☐ Approved
☐ Denied

Date/Time Submitted: _____ Received By: _____

APPLICANT INFORMATION:

Name/Representative Company (If Applicable)

Phone Mobile Fax

Address

City State Zip

EVENT INFORMATION:

Type of Event Date and Time of Event

Location

Participating Agencies/Sponsors

If security is needed for an event, the applicant must contract with Globe PD, no other security agencies will be allowed and approval of Special event permit is based on this agreement.

City Services Requested: ☐ Yes ☐ No If yes, please list services needed:

Alcohol to be Sold or Consumed: ☐ Yes ☐ No

Additional information: _____

150 NORTH PINE STREET, GLOBE, ARIZONA 85501
PHONE: (928) 425-7146 FAX: (928) 425-4820



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ADDITIONAL INFORMATION TO BE ATTACHED (IF APPLICABLE):

- ☐ **Arizona Transaction Privilege Tax Documentation**
- ☐ **Certificate or Permit from the Gila County Health Department**
- ☐ **Special Event Plot Plan** (Should include site location, location and number of booth spaces, stall or vending areas, location of any temporary structures and temporary utilities, location of toilets, trash receptacles and other sanitary services, ingress and egress and fire and emergency access points, parking areas, signage, lighting and traffic control measures to be taken)
- ☐ For police services, please contact Police Chief Lee Kinnard at (928) 425-5751
- ☐ For fire services, please contact Administrative Captain, Nick Renon at (928) 425-5751
- ☐ For Public Works, streets services contact Public Works Director, Leon Cons at (928) 425-4959

CONDITIONS OF APPROVAL:

- ☐ _____
- ☐ _____
- ☐ _____
- ☐ **Fees - \$** _____
- ☐ **Fees Waived**
- ☐ **Contract with Police/Fire/Other Executed**
 - ☐ **See Article 8-4 of Globe City Code regarding Interference with Public Use of Sidewalks and Streets (Attached)**

EVIDENCE OF INSURANCE:

Coverage Amount: _____ Company Name: _____

Effective Date: _____ Policy No.: _____

Please submit the Certificate of Insurance with your completed application.

APPROVAL:

Police: _____ Fire: _____ Public Works: _____

City Manager

Date/Time